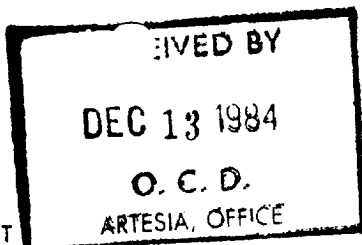


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Phillips Oil Company ✓

Address
Room 401, 4001 Penbrook St., Odessa, TX 79762

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Correction to show Navajo Refining Co. as oil gatherer

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Keely-C Fed	Well No. 58	Pool Name, Including Formation Grayburg Jackson (SR-Q-GB-SA)	Kind of Lease State, Federal or Fee Federal	Lease No. LC-028784C
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>17-S</u> Range <u>29-E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co. Transportation & Supply	Address (Give address to which approved copy of this form is to be sent) Box 157 N. Freeman Ave., Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, TX 79762
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>25</u> Twp. <u>17-S</u> Rge. <u>29-E</u>	Is gas actually connected? <u>Yes</u> When <u>11-20-84</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

T. Harold McLemore
(Signature)
Regulation and Proration Supervisor
(Title)
12-11-84
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 19 1984, 19 _____
BY _____ Original Signed By
Leslie A. Clements
TITLE _____ Supervisor District II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded 9/8/84	Date Compl. Ready to Prod. 10/30/84		Total Depth 3200		P.B.T.D. 3180				
Elevations (DF, RKB, RT, GR, etc.) GR 3587', KB 3598'	Name of Producing Formation Grayburg Jackson		Top Oil/Gas Pay 2516'		Tubing Depth 3123'				
Perforations 2516-3127' 77 shots using 3 1/8" OD casing gun		(SR-Q-GB-SA)		Depth Casing Shoe 3200'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8"		372'		350 sk Dowell "C" w/2%				
			CaCl mixed @ 14.8 ppg - Circ. 100 sk						
7 7/8"	4 1/2		3200'		690 sk Dowell light w/10%				
Diacel D, 10#/sk salt & 1/2#/sk cellophane mixed @ 11.8 ppg & 365 sk Class C w/5#/sk salt mixed @ 14.8 ppg, circ. 130 sk									

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 11/20/84	Date of Test 11/26/84	Producing Method (Flow, pump, gas lift, etc.) Pump 2" x 1 1/2" x 16'	
Length of Test 24	Tubing Pressure 12#	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 7.1	Water - Bbls. 1	Gas - MCF 19

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Ent-in)	Casing Pressure (Ent-in)	Choke Size